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PTO/SB/05 (11-00)

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UTILITY
PATENT APPLICATION
TRANSMITTAL

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Attorn	ney Docket No.	WYLIE 5					
First I	nventor	Ian Wylie					
Title	A SEMICONDUCTOR DEVICE AND A METHOD OF MANUFACTURE THEREFOR						
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'	(Only for new nonprovision	nal applications under 37 (CFR 1.53(b))	Ex	pres	s Mail Label I	Vo. EL34	4526	306U	<u> S</u>	
	APPLICA See MPEP chapter 600 cond		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231								
	1.		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies								
17	- Brief Summary	of the Invention		•							
In L.A way be well all the well and the well	- Brief Description - Detailed Description - Detailed Description - Claim(s) - Abstract of the 4.	he prio	ACCOMPANYING APPLICATION PARTS 9.								
	The incorporation can only be	Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
	19. CORRESPONDENCE ADDRESS										
	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Correspondence address below									lress below	
	Name	Greg H. Parke	r								
	Hitt Gaines & Boisbrun, P.C.										
	Addroso	P.O. Box_8325	uii,	<u> </u>	<u></u>						
	Address	Richardson	πо-	'exas Zip C			75083				
	City	reservation and the second	State				Zip Code	 			
	Country		Telephone	(97	2)	480-8800	Fax	(97	2) 4	180-8865	
•	Name (Print/Type)	Name (Print/Type) Charles W Gaines				istration No. (A	ttorney/A	gent)		36,804	
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

1,224.00 (\$) TOTAL AMOUNT OF PAYMENT

Complete if Known							
Application Number	N/A						
Filing Date	Herewith						
First Named Inventor	Ian Wylie						
Examiner Name	N/A						
Group Art Unit	N/A						
Attorney Docket No.	WYLIE 5						

L		METHOD OF PAYMENT					FEE CALCULATION (continued)							
ĺ	1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:					3. ADDITIONAL FEES								
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١		☐ Ap	olicant cla	aims sma	II entity status.		139	130	139	130	Non-English specification			
1		$\overline{}$	37 CFF				147	2,520	147	2,520	For filing a request for ex parte reexamination			
₽	2.	=	•	t Encl	C Manage	, _□	112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
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Ū				FEE	CALCULATION			.,			Examiner action			
	1.	BASIC	FILI	NG FE	E		115	110	215	55	Extension for reply within first month			
		Large E					116	390		195	Extension for reply within second month			
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		106 32	0 20	6 160	Design filing fee		l	1,890			Extension for reply within fifth month			
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å		114 15	0 21	4 75	Provisional filing fee		121		221		Request for oral hearing			
ibou.					SUBTOTAL (1)	(\$) 710.00				1,510	Petition to institute a public use proceeding			
iir thust mall	-	CVTD		110.0		(4) /10.00	140	110	240	55	Petition to revive - unavoidable			
<u>.</u>	2. EXTRA CLAIM FEES Fee from						1,240			Petition to revive - unintentional				
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ı	F	Fee Fe	Fee	Fee	Fee Description	1	126	180		180	Submission of Information Disclosure Stmt	40.00		
		Code (\$) 103 18	203	le (\$) 9	Claims in excess of	20	581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00		
		102 80	202	40	Independent claims		146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))			
		104 270 109 80	204 209	135 40	Multiple dependent	lent claims	149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))			
	1	110 18	210	9	over original paten ** Reissue claims in		179	710	279	355	Request for Continued Examination (RCE)			
:		and over original patent					169	900	169	900	Request for expedited examination of a design application			
1		SUBTOTAL (2) (\$) 474.00						Other fee (specify)						
		*or numb	er prev		aid, if greater; For Rei	ssues, see above	*Red	uced by	/ Basi	c Filing	Fee Paid SUBTOTAL (3) (\$)	40.00		

SUBMITTED BY Complete (if applicable) Charles W. Gaines Registration No. Telephone (972)480-8800 36,804 Name (Print/Type) (Attorney/Agent) 06/15/2001 Signature

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